24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Valor Fund FEC IDENTIFICATION NUMBER ▼ C C00584755	Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48				
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Full Name of Payee The Stoneridge Group, LLC Mailing Address 4400 North Point Pkwy Ste 190 City State Zip Code Amount City State Zip Code Amount City State Zip Code Amount City State Support Office Sought: House District: 18 BRIAN MAST Oppose of Expenditure Printing Per Stelection for Office Sought: Senate State: Full Name of Payee Date of Public Distribution/Dissemination Amount City State Zip Code Transaction ID: \$E.4202 Date of Disbursement or Obligation Full Name of Faderal Candidate BRIAN MAST Oppose President Senate State: Full Name of Payee Disbursement For: Printing General Candidate Purpose of Expenditure Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disburseme					
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